

CONSENT FORM

Name of Researcher: David Shipley	Date:	Signature:	
Name of Participant:	Date:	Signature:	
4. I agree to take part in the above study.			
3. I understand that data collected during this study will be processed in accordance with data protection law as explained in the Participant Information Sheet (November 2024 version 1).			
2. I understand that my participation is voluntary and that I am free to withdraw at any time by 3 January 2025 (after which withdrawal will not be possible) without giving any reason.			
 I confirm that I have read and understood the information sheet dated November 2024 (version 2) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. 			
University Data Protection Officer: Samantha Hill, 023 9284 3642 or information-matters@port.ac.uk			Please initial box
Name and Contact Details of Student/Researcher(s): David Ship Name and Contact Details of Tutor/Supervisor: Dario Pedrabiss			
Title of Project: The Dark Side of Architecture: The Human Cost			

Note: When completed, one copy to be given to the participant, one copy to be retained in the study file